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**Date:** February 16 2006 **Total pages:** 40 (w/cover page)  
**To:** U.S. PTO **Telephone:** **Telefax:** 571-273-8300  
**From:** Patrea L. Pabst **Telephone:** 404-879-2151 **Telefax:** 404-879-2160  
**Our Docket No.** EDT 101 CON **Client/Matter No.** 095146-00003  
**Your Docket No.**

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**MESSAGE:****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicants:** Steven Say-Kyoun Ow and Tae Jin Eom  
**Serial No.:** 09/121,152 **Group Art Unit:** 1731  
**Filed:** October 19, 1998 **Examiner:** Anna Kinney  
**For:** *BIOLOGICAL DE-INKING METHOD*

**Attachments:**Transmittal Form;  
Fee Transmittal Form;  
Amendment and Response;  
Declaration Under 37 CFR 1.132; and  
three (3) references{45064498.1}  
095146 00003

EDT 101 CON

FEB 16 2006

PTO/SB/21 (09-04)

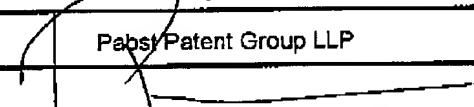
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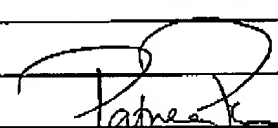
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/151,152
	Filing Date	October 19, 1998
	First Named Inventor	Steven Say-Kyoun Ow
	Art Unit	1731
	Examiner Name	Anna Kinney
Total Number of Pages in This Submission	Attorney Docket Number	EDT 101 CON

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Under 37 CFR 1.132; three (3) references
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	February 16, 2006	Reg. No.	31,284

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Ronna Serman	Date	February 16, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/121,152
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 0.00		Filing Date	October 19, 1998
		First Named Inventor	Steven Say-Kyoun Ow
		Examiner Name	Anna Kinney
		Art Unit	1731
		Attorney Docket No.	EDT 101 CON

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 60-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: 27 - 28 or HP = 0 x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 2 - 3 or HP = 0 x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ Number of each additional 50 or fraction thereof: \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other: \_\_\_\_\_

SUBMITTED BY		Registration No. 31,284	Telephone (404) 879-2152
Signature		(Attorney/Agent)	
Name (Print/Type)	Patrea L. Pabst	Date	February 16 2006

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FEB 16 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Steven Say-Kyoun Ow and Tae Jin Eom

Serial No.: 09/121,152 Art Unit: 1731

Filed: July 22, 1998 Examiner: Anna Kinney

For: *BIOLOGICAL DE-INKING METHOD*Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on November 16, 2005, please amend the application as follows. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

**PLEASE NOTE: The filing date reflected on the office action is incorrect. A request for corrected filing receipt was filed December 1, 2005. The original filing receipt in this application correctly reflected July 22, 1998 as the filing date. However at some point an error was introduced. This correction is merely to insure the file is accurate.**

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